

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Jun Hirai

Serial No.

09/670,869

Filed

September 27, 2000

For

SIGNAL RECEIVING APPARATUS AND METHOD AND

RECORDING MEDIUM

Examiner

Wang, Ted M.

Art Unit

2634

Confirmation No:

6828

745 Fifth Avenue New York, New York 10151

EXPRESS MAIL

Mailing Label Number:

EV 723370405 US

Date of Deposit:

June 27, 2005

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450.

bed or printed name of

(Signature of person mailing paper or fee)

RESPONSE TO OFFICE COMMUNICATION AND PETITION FOR EXTENSION OF TIME

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petition for a three-month extension of time to respond to the Final Office Action mailed on January 19, 2005, having an extended period for response set to expire on July 19, 2005. The Examiner is respectfully requested to consider the following remarks.

06/30/2005 SSESHE1 00000107 09670869



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745 Fifth Avenue New York, NY 10151 Tel: 212-588-0800

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required. \boxtimes

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** =21	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	***=6	* 0 x	\$86 (43)	= \$ 0
	Total ac	Total additional fee for this amendment			\$ 0	

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid [], or is paid herewith .

This response is being filed within the third month following the expiration of the term originally set therefor. This is a petition to request a three month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$1,020.00 is attached, which covers the cost of \square additional claims \boxtimes petition for extension of time.

Charge \$_____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

EXPRESS MAIL

Respectfully submitted,

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ped or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP

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Thomas F. Presson Reg. No. 41,442

Tel: 212-588-0800

Remarks/Arguments begin on page 3 of this paper.